Initial Approval: July 11, 2018

CRITERIA FOR PRIOR AUTHORIZATION

Hepatitis C Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES All dosage forms of the medications listed in Table 1 below will require prior authorization.

CRITERIA FOR NON-REFRACTORY, INITIAL APPROVAL (MUST MEET ALL OF THE FOLLOWING):

**Patients new to the plan will be allowed to continue previous hepatitis C regimen (max of up to the duration listed below)*

- Patient must have a diagnosis of chronic hepatitis C virus (HCV)
- Patient must have a confirmed genotype of 1a, 1b, 2, 3, 4, 5 or 6.
- Must be prescribed by or in consultation with a hepatologist, gastroenterologist or infectious disease specialist
- Patient has a pre-treatment HCV RNA level drawn and results are submitted with PA request
- Treatment regimen and duration of treatment must be prescribed in accordance with FDA-approved product labeling (defined in table 2)
- Requested medication must be prescribed for an FDA-approved age (defined in table 1)
- Dose must not exceed the medication-specific quantity limits (defined in table 1).
- Patient must not have a history of illicit intravenous (IV) substance use within the past 3 months
- Prescriber must attest that the patient will be tested for evidence of current or prior hepatitis B virus (HBV) infection by measuring hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (anti-HBc) before initiating HCV treatment
- If the requested medication will be used in combination with ribavirin, female patients must have a negative pregnancy test within 30 days prior to initiation of therapy and monthly thereafter until treatment completion.
- Patient must not have been on previous or concurrent direct-acting hepatitis C agents.
- Prescriber must attest that the patient's drug profile will be reviewed and monitored for potential clinically significant drug interactions (defined in table 1) with the requested medication prior to therapy initiation and throughout treatment duration.
- Prescriber must attest that all additional medication-specific safety criteria, as defined in table 1, is met.
- Prescriber must attest that the patient has demonstrated readiness to begin treatment for hepatitis C per the Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C) free interactive online tool (https://prepc.org), completed by the prescriber.
- For all genotypes: the PDL preferred drug, which covers that specific genotype, is required unless the patient has a documented clinical rationale for using the non-preferred agent supported by the label.

LENGTH OF INITIAL APPROVAL: 4 weeks

CRITERIA FOR RENEWAL FOR NON-REFRACTORY TREATMENT: (must meet all of the following)

- Prescriber must document adherence by patient of greater than or equal to 90%.

LENGTH OF RENEWAL APPROVALS: 4 weeks, up to the total number of approved weeks based upon FDA labeling.

CRITERIA FOR REFRACTORY, INITIAL APPROVAL: (must meet all of the following)

- Patient must meet all criteria for non-refractory, initial approval above.
- MCO claims data must indicate greater than or equal to 90% adherence to the previous direct-acting antiviral regimen (the MCO reviewer should verify this by the MCO claims data)
- Prescriber has submitted documentation showing that the patient has a documented presence of detectable HCV RNA at/up to 12 weeks after the last treatment was given
    - An assessment of viral response, including documentation of Sustained Viral Response (SVR), using an FDA-approved quantitative or qualitative nucleic acid test (NAT) with a detection level of greater than (>) 25 IU/mL at/up to 12 weeks after the last treatment was given (https://www.hcvguidelines.org/evaluate/when-whom)

LENGTH OF INITIAL APPROVAL: 4 weeks

CRITERIA FOR RENEWAL FOR REFRACTORY TREATMENT: (must meet all of the following)

- Prescriber must document adherence by patient of greater than or equal to 90% for both agents.

LENGTH OF RENEWAL APPROVALS: 4 weeks, up to a total of 12 weeks based on approved treatment regimen and duration

_____	_____
DRUG UTILIZATION REVIEW COMMITTEE CHAIR	PHARMACY PROGRAM MANAGER DIVISION OF HEALTH CARE FINANCE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
_____	_____
DATE	**DATE**

TABLE 1: MEDICATION-SPECIFIC CRITERIA

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Daklinza® (daclatasvir)	Indication/Use	Hepatitis C virus (HCV) NS5A inhibitor indicated for use with sofosbuvir, with or without ribavirin, for the treatment of chronic HCV genotype 1 or 3 infection.
	Age (years)	≥ 18
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Patient must not be concurrently prescribed a strong CYP3A inducer (e.g. phenytoin, carbamazepine, rifampin, St. John's wort) ➢ Patient must not be on concurrent moderate CYP3A inducers (e.g. bosentan, dexamethasone, efavirenz, etravirine, modafinil, nafcillin, rifapentine)
Epclusa® (sofosbuvir/velpatasvir)	Indication/Use	Fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, and velpatasvir, an HCV NS5A inhibitor, and is indicated for the treatment of adult patients with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection: • without cirrhosis or with compensated cirrhosis • with decompensated cirrhosis for use in combination with ribavirin
	Age (years)	≥ 18
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Patient must not have severe renal impairment (eGFR < 30 mL/min/1.73m^2) or currently require hemodialysis ➢ Patient must not be on concurrent: • Amiodarone • Moderate to strong inducers of CYP2B6 (e.g., carbamazepine, fosphenytoin, nevirapine, phenobarbital, phenytoin, primidone, rifampin) • Moderate to strong inducers of CYP2C8 (e.g., rifampin) • Moderate to strong inducers of CYP3A4 (e.g., avasimibe, carbamazepine, dexamethasone, ethosuximide, griseofulvin, phenytoin, primidone, progesterone, rifabutin, rifampin, nafcillin, nelfinavir, nevirapine, oxcarbazepine, phenobarbital, phenylbutazone, St John's wort, sulfadimidine, sulfinpyrazone, troglitazone) • Inducers of P-gp (e.g., avasimibe, carbamazepine, phenytoin, rifampin, St John's wort, tipranavir/ritonavir)
Harvoni® (ledipasvir/sofosbuvir)	Indication/Use	Fixed-dose combination of ledipasvir, a hepatitis C virus (HCV) NS5A inhibitor, and sofosbuvir, an HCV nucleotide analog NS5B polymerase inhibitor, and is indicated for the treatment of chronic hepatitis C virus (HCV) in: • Adults with genotype 1, 4, 5, or 6 infection without cirrhosis or with compensated cirrhosis • Adults with genotype 1 infection with decompensated cirrhosis, in combination with ribavirin • Adults with genotype 1 or 4 infection who are liver transplant recipients without cirrhosis or with compensated cirrhosis, in combination with ribavirin • Pediatric patients 12 years of age and older or weighing at least 35 kg with genotype 1, 4, 5, or 6 without cirrhosis or with compensated cirrhosis
	Age (years)	≥ 12 years of age or weighing at least 35 kg
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Patient must not have severe renal impairment (eGFR < 30 mL/min/1.73m^2) or currently require hemodialysis ➢ If patient was on a previous course of treatment with Incivek or Victrelis it must have included an interferon based regimen ➢ Coadministration with amiodarone is not recommended. If alternative, viable treatment options are unavailable, cardiac monitoring is recommended
Mavyret® (glecaprevir/pibrentasvir)	Indication/Use	1. Fixed-dose combination of glecaprevir, a hepatitis C virus (HCV) NS3/4A protease inhibitor, and pibrentasvir, an HCV NS5A inhibitor, and is indicated for the treatment of patients with chronic HCV genotype (GT) 1, 2, 3, 4, 5 or 6 infection without cirrhosis and with compensated cirrhosis (Child-Pugh A). 2. HCV genotype 1 infection, who previously have been treated with a regimen containing an HCV NS5A inhibitor or an NS3/4A protease inhibitor, but not both.
	Age (years)	≥ 18
	Quantity Limit	1 daily dose pack/day
	Safety Criteria	➢ Patient must not have moderate or severe hepatic impairment (Child-Pugh class B or C) ➢ Patient must not be concurrently prescribed atazanavir or rifampin ➢ Patient must not be on a concurrent direct acting hepatitis C agent or ribavirin

TABLE 1 (CONT.). MEDICATION-SPECIFIC CRITERIA

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Olysio® (simeprevir)	Indication/Use	Hepatitis C virus (HCV) NS3/4A protease inhibitor indicated for the treatment of adults with chronic hepatitis C virus (HCV) infection: • in combination with sofosbuvir in patients with HCV genotype 1 without cirrhosis or with compensated cirrhosis • in combination with peginterferon alfa (Peg-IFN-alfa) and ribavirin (RBV) in patients with HCV genotype 1 or 4 without cirrhosis or with compensated cirrhosis
	Age (years)	≥ 18
	Quantity Limit	1 capsule/day
	Safety Criteria	➢ If patient has subtype 1a they must have a negative test for NS3-Q80k polymorphism ➢ The patient must not have advanced and/or decompensated cirrhosis (moderate or severe hepatic impairment)
Sovaldi® (sofosbuvir)	Indication/Use	Hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor indicated for the treatment of: • Adult patients with genotype 1, 2, 3 or 4 chronic hepatitis C virus (HCV) infection without cirrhosis or with compensated cirrhosis as a component of a combination antiviral treatment regimen. • Pediatric patients 12 years of age and older or weighing at least 35 kg with genotype 2 or 3 chronic HCV infection without cirrhosis or with compensated cirrhosis in combination with ribavirin.
	Age (years)	≥ 18 (genotype 1, 2, 3, 4) ≥ 12 years of age or weighing at least 35 kg (genotype 2 or 3)
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Coadministration with amiodarone is not recommended. If alternative, viable treatment options are unavailable, cardiac monitoring is recommended
Technivie® (ombitasvir/paritaprevir/ ritonavir)	Indication/Use	Fixed-dose combination of ombitasvir, a hepatitis C virus NS5A inhibitor, paritaprevir, a hepatitis C virus NS3/4A protease inhibitor, and ritonavir, a CYP3A inhibitor and is indicated in combination with ribavirin for the treatment of patients with genotype 4 chronic hepatitis C virus (HCV) infection without cirrhosis or with compensated cirrhosis.
	Age (years)	≥ 18
	Quantity Limit	2 tablets/day
	Safety Criteria	➢ Patient must not have moderate or severe hepatic impairment or cirrhosis (Metavir score of F4 and Child-Pugh class B or C) ➢ Patient must not be concurrently prescribed a moderate or strong CYP3A inducer
Viekira Pak™, Viekira XR™ (ombitasvir/paritaprevir/ ritonavir and dasabuvir)	Indication/Use	Treatment of adult patients with chronic hepatitis C virus (HCV): • genotype 1b without cirrhosis or with compensated cirrhosis • genotype 1a without cirrhosis or with compensated cirrhosis for use in combination with ribavirin. (VIEKIRA PAK includes ombitasvir, a HCV NS5A inhibitor, paritaprevir, a HCV NS3/4A protease inhibitor, ritonavir, a CYP3A inhibitor and dasabuvir, a HCV non-nucleoside NS5B palm polymerase inhibitor)
	Age (years)	≥ 18
	Quantity Limit	1 daily dose pack/day
	Safety Criteria	➢ Patient must not have underlying moderate to severe hepatic impairment (Child-Pugh class B or C)
Zepatier® (elbasvir/grazoprevir)	Indication/Use	Fixed-dose combination product containing elbasvir, a hepatitis C virus (HCV) NS5A inhibitor, and grazoprevir, an HCV NS3/4A protease inhibitor, and is indicated for treatment of chronic HCV genotype 1 or 4 infection in adults. ZEPATIER is indicated for use with ribavirin in certain patient populations.
	Age (years)	≥ 18
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Patient must not be concurrently prescribed a strong CYP3A inducer (e.g. phenytoin, carbamazepine, rifampin, St. John's Wort), efavirenz, or OATP1B1/3 inhibitor (e.g. cyclosporine, eltrombopag, lapatinib, lopinavir, rifampin, ritonavir) ➢ If the patient has genotype 1a, patient must be tested for the presence of virus with NS5A resistance-associated polymorphisms prior to initiation of therapy ➢ Patient must not have moderate or severe hepatic impairment (Child-Pugh class B or C)

TABLE 1 (CONT.). MEDICATION-SPECIFIC CRITERIA

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Vosevi™ (sofosbuvir/velpatasvir/ voxilaprevir)	Indication/Use	Fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, velpatasvir, an HCV NS5A inhibitor, and voxilaprevir, an HCV NS3/4A protease inhibitor, and is indicated for the treatment of adult patients with chronic HCV infection without cirrhosis or with compensated cirrhosis (Child-Pugh A) who have: • Genotype 1, 2, 3, 4, 5, or 6 infection and have previously been treated with an HCV regimen containing an NS5A inhibitor. • Genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor.
	Age (years)	≥ 18
	Quantity Limit	1 tablet/day
	Safety Criteria	➢ Patient must not have severe renal impairment (eGFR < 30 mL/min/1.73m^2) or currently require hemodialysis ➢ Patient must not be on concurrent rifampin ➢ Patient should not be on concurrent: P-gp inducers, moderate to potent CYP2B6, 2C8, or 3A4 inducers, amiodarone (if alternative, viable treatment options are unavailable, cardiac monitoring is recommended)

TABLE 2. TREATMENT REGIMEN AND DURATION

MEDICATION	GENOTYPE	PATIENT POPULATION	TREATMENT AND DURATION
Daklinza® (daclatasvir)	1	Without cirrhosis	Daklinza + Sofosbuvir for 12 weeks
		Compensated (Child-Pugh A) cirrhosis	Daklinza + Sofosbuvir for 12 weeks
		Decompensated (Child-Pugh B or C) cirrhosis	Daklinza + Sofosbuvir + Ribavirin for 12 weeks
		Post-transplant	Daklinza + Sofosbuvir + Ribavirin for 12 weeks
	3	Without cirrhosis	Daklinza + Sofosbuvir for 12 weeks
		Compensated (Child-Pugh A) cirrhosis	Daklinza + Sofosbuvir + Ribavirin for 12 weeks
		Decompensated (Child-Pugh B or C) cirrhosis	Daklinza + Sofosbuvir + Ribavirin for 12 weeks
		Post-transplant	Daklinza + Sofosbuvir + Ribavirin for 12 weeks
Epclusa® (sofosbuvir/velpatasvir)	1, 2, 3, 4, 5, 6	Treatment-naïve and treatment-experienced[a], without cirrhosis and with compensated cirrhosis (Child-Pugh A)	Epclusa for 12 weeks
		Treatment-naïve and treatment-experienced[a], with decompensated cirrhosis (Child-Pugh B or C)	Epclusa + Ribavirin for 12 weeks
Harvoni® (ledipasvir/sofosbuvir)	1	Treatment-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Harvoni for 12 weeks
		Treatment-experienced[b] without cirrhosis	Harvoni for 12 weeks
		Treatment-experienced[b] with compensated cirrhosis (Child-Pugh A)	Harvoni for 24 weeks
		Treatment-naïve and treatment-experienced[b] with decompensated cirrhosis (Child-Pugh B or C)	Harvoni + Ribavirin for 12 weeks
	1 or 4	Treatment-naïve and treatment-experienced[b] liver transplant recipients without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Harvoni + Ribavirin for 12 weeks
	4, 5 or 6	Treatment-naïve and treatment-experienced[b], without cirrhosis and with compensated cirrhosis (Child-Pugh A)	Harvoni for 12 weeks

TABLE 2 (CONT.). TREATMENT REGIMEN AND DURATION

MEDICATION	GENOTYPE	PATIENT POPULATION	TREATMENT AND DURATION
Mavyret® (glecaprevir/pibrentasvir)	1, 2, 3, 4, 5, 6	Treatment-naïve, without cirrhosis	Mavyret for 8 weeks
		Treatment-naïve, with compensated cirrhosis (Child-Pugh A)	Mavyret for 12 weeks
	1	Treatment-experienced, previously treated with regimen containing an NS5A inhibitor[c] without prior treatment with an NS3/4A protease inhibitor, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Mavyret for 16 weeks
		Treatment-experienced, previously treated with regimen containing an NS3/4A PI[d] without prior treatment with an NS5A inhibitor, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Mavyret for 12 weeks
	1, 2, 4, 5, 6	Treatment-experienced, previously treated with regimen containing PRS[e], without cirrhosis	Mavyret for 8 weeks
		Treatment-experienced, previously treated with regimen containing PRS[e], with compensated cirrhosis (Child-Pugh A)	Mavyret for 12 weeks
	3	Treatment-experienced, previously treated with regimen containing PRS[e], without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Mavyret for 16 weeks
Olysio® (simeprevir)	1	Treatment-naïve and treatment-experienced, without cirrhosis	Olysio + Sofosbuvir for 12 weeks
		Treatment-naïve and treatment-experienced, with compensated cirrhosis (Child-Pugh A)	Olysio + Sofoxbuvir for 24 weeks
	1, 4	Treatment-naïve and treatment-experienced, without cirrhosis or with compensated cirrhosis (Child-Pugh A), with or without HIV-1 co-infection	Olysio + Peg-IFN-alfa + Ribavirin for 12 weeks (followed by 12 or 36 additional weeks of Peg-IFN-alfa + Ribavirin depending on prior response status and presence of HIV-1 infection)
Sovaldi® (sofosbuvir)	1, 4	Treatment-naïve without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi + Peg-IFN-alfa + Ribavirin for 12 weeks
	2	Treatment-naïve and treatment-experienced[b] without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi + Ribavirin for 12 weeks
	3	Treatment-naïve and treatment-experienced[b] without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Sovaldi + Ribavirin for 24 weeks
Technivie® (ombitasvir/paritaprevir/ ritonavir)	4	Without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Technivie + Ribavirin for 12 weeks (Technivie without ribavirin for 12 weeks may be considered for treatment-naïve patients without cirrhosis who cannot take or tolerate ribavirin)
Viekira Pak™, Viekira XR™ (ombitasvir/paritaprevir/ ritonavir and dasabuvir)	1a	Treatment-naïve or interferon-experienced, without cirrhosis	Viekira Pak + Ribavirin for 12 weeks
		Treatment-naïve or interferon-experienced, with compensated cirrhosis (Child-Pugh A)	Viekira Pak + Ribavirin for 24 weeks (Viekira Pak + ribavirin for 12 week may be considered for some patients based on prior treatment history)
	1b	Treatment-naïve or interferon-experienced, without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Viekira Pak for 12 weeks
	*Follow genotype 1a dosing recommendations in patients with an unknown genotype 1 subtype or with mixed genotype 1 infection		

TABLE 2 (CONT.). TREATMENT REGIMEN AND DURATION

MEDICATION	GENOTYPE	PATIENT POPULATION	TREATMENT AND DURATION
Zepatier® (elbasvir/grazoprevir)	1a	Treatment-naïve or Peg-IFN/Ribavirin-experienced without baseline NS5A polymorphisms, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier for 12 weeks
		Treatment-naïve or Peg-IFN/Ribavirin-experienced with baseline NS5A polymorphisms, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier + Ribavirin for 16 weeks
	1b	Treatment-naïve or Peg-IFN/Ribavirin-experienced without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier for 12 weeks
	1a or 1b	Peg-IFN/Ribavirin/NS3/4A protease inhibitor-experienced, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier + Ribavirin for 12 weeks
	4	Treatment-naïve, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier for 12 weeks
		Peg-IFN/Ribavirin/NS3/4A protease inhibitor-experienced, without cirrhosis, or with compensated cirrhosis (Child-Pugh A)	Zepatier + Ribavirin for 16 weeks
Vosevi™ (sofosbuvir/velpatasvir/ voxilaprevir)	1, 2, 3, 4, 5, 6	Treatment-experienced, previously treated with regimen containing an NS5A inhibitor[g], without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi for 12 weeks
	1a or 3	Treatment-experienced, previously treated with regimen containing sofosbuvir without an NS5A inhibitor[h], without cirrhosis or with compensated cirrhosis (Child-Pugh A)	Vosevi for 12 weeks

[a] – In clinical trials, regimens contained peginterferon alfa/ribavirin with or without an HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir)

[b] – Treatment-experienced patients have failed an interferon based regimen with or without ribavirin

[c] – In clinical trials, subjects were treated with prior regimens containing ledipasvir and sofosbuvir or daclatasvir with pegylated interferon and ribavirin

[d] – In clinical trials, subjects were treated with prior regimens containing simeprevir and sofosbuvir, or simeprevir, boceprevir, or telaprevir with pegylated interferon and ribavirin

[e] – PRS = Prior treatment experience with regimens containing interferon, pegylated interferon, ribavirin, and/or sofosbuvir, but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor

[f] – Treatment-experienced patients include prior relapsers, prior partial responders and prior null responders who failed prior IFN-based therapy

[g] – In clinical trials, prior NS5A inhibitor experience included daclatasvir, elbasvir, ledipasvir, ombitasvir, or velpatasvir

[h] – In clinical trials, prior treatment experience included sofosbuvir with or without any of the following: peginterferon alfa/ribavirin, ribavirin, HCV NS3/4A protease inhibitor (boceprevir, simeprevir, or telaprevir)